

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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JUL 27 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s	s) <u>Susan H. Paschell</u> ; James P. Mo	nahan	
II. Name of lobbyist's	s partnership, firm or corporation, if	any:	
The Dupont Group			
(Name of partnership, firm of	or corporation)		
114 N Main St. Suite Business Address: (Street) (401 Concord, NH 03301 Town/City) (State) (Zip Code)		
(603)228-3322	(603) 228-0713	e-mail	jmonahan@dupontgroup.com
(Telephone)	(Fax)		
	overs: (Choose one – file separate rep which are not attributable to any one		nt, OR you may file a separate report for reportable
All reportable tra	ansactions occurring in the month prior	to the reporting da	ate relative to the following client:
Bi State Primary Car	e Association		
<u>OR</u>	(Full Name of Client as it a	ppears on the Lobbyist	Registration Form)
All reportable trans to any particular client		lobbyist's family),	or the lobbying firm listed below which are unrelated
IV. Date of Report Reports cover	April 25, 2018 activity from date of registration to 3/2	31/18	July 25, 2018 X activity from 4/1/18 to 6/30/18
	October 31, 2018 activity from 7/1/18 to 9/30/18		January 30, 2019 activity from 10/1/18 to 12/31/18
V. There have been n If this box is checked, a 03301.	to fees received and no reportable tra complete just this form and submit it to	insactions made s the Secretary of S	ince the last report. tate's Office, State House, Room 204, Concord, NH
	al reports are attached: ed fees or made expenditures, you must	file Addendum A	- Fees and Expenses
☐ If you have paid ar Reimbursement	n honorarium or reimbursed expenses, y	you must file Adde	endum B- Report of Honorariums or Expense
☐ If you, your firm, o	or your family has made political contri	ibutions, you must	file Addendum C- Political Contributions.
I have read RSA 15, R best of my knowledge	and belief.	ear or affirm that th	ne foregoing information is true and complete to the
purau H. P.	aschell		
(Signature of lobbyist)			7/25/2018 (Date)
Suşan H. Paschell		_	



STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

I. Name of Lobbyist(s)	
Susan H. Paschell; James P. Monahan	
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	
(Name of partnership, firm or corporation)	
III. Name of Client Bi State Primary Care Association	Date 7/25/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to including fees for services such as public advocacy, government relations, or polegislation, and related legal work. The gross fee amount reported shall not be to the contract of the co	ublic relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$ 6000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	ь)\$6000
c) Total of all fees received to date (Add lines a and b)	c) \$12000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expert unrelated to any one client a separate report may be filed for the lobbyist(s)/firming categories of expenses: (a) the aggregate total of all expenses paid during the resoffice expenses; (b) the aggregate total of all individual expenses where the experimentary purchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person beint termized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported and addendum A.	ditures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three eporting period for salaries, benefits, support staff, and penditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to ling lobbied with a value of \$25.00 or less); and (c) an eriod of greater than \$25.00 for any purpose not purchase of a ceremonial object to be given to the linear expenses for a legislative reception). Expenses
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	
d) Total expenses for this reporting period . (Add lines a, b and c)	d) \$	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	
f) Total of all expenses year to date	f) \$	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from whom paid or to whom charged.	n lobbying fees during this reporting period, including by	
Paid to: Amount:	e.	
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	\$	
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	\$	
	\$	
· · · · · · · · · · · · · · · · · · ·		
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm tha		
best of my knowledge and belief.	it the foregoing information is true and complete to the	
pusauH. Paschell		
	/2018	
(Signature of lobbyist) (Date	(Date)	
Susan H. Paschell		
(Print Name of lobbyist)		

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NEW HAMPSHIRE DEPARTMENT OF STATE

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:		
Name of Lobbying partnership, firm, or corporation:	The Dupont Group	
Name of Client (leave blank if Statement is for the partnersh	ip, firm, or corporation a	nd not related to any particular
client): Bi State Primary Care Association		
Date of Report (check one):		
April 25, 2018	er 31, 2018 🔲 💮 Jani	uary 30, 2019 🔲
I have read RSA 15, RSA 15-B, RSA 664, the Statement of following Addendums submitted with that Statement (insert		
Addendum A(s).		
0 Addendum B(s).		
<u>O</u> Addendum C(s).		
I hereby swear or affirm that the foregoing information on the best of my knowledge and belief.	e Statement and each Ad	dendum is true and complete to
The The		
,	2 /2.2/2.2.2	
(Signature of lobbyist)	<u>7/25/2018</u> (Date)	
James P. Monahan (Print Name of Jobbyist)	_	